Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS			R					RATE	FEE] [RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		· 16			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		12r			X40=		OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT		/ 0			+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						. L	TOTAL		OR	TOTAL	2/0		
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
	_/ /	(Column 1) CLAIMS	:	(Colur HIGH		(Column 3)	lr	JMALL	ADDI-	ار ا	~	ADDI-	
ENT A		REMAINING AFTER AMENDMENT		NUM PREVK PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	· /8	Minus	•-2	<u> </u>	= (4)		X\$ 9=		OR	X\$18=		
AME	Independent	.3	Minus	· Z	F CI 4114	-		X40=		OR	X80=		
لــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /							+135=		OR	+270=		
••							i.	TOTAL DOIT, FEE		OR	TOTAL ADDIT: FEE		
		(Column 1)		(Colu		(Column 3)				_			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S S	Total	•	Minus	:44		=		X\$ 9=		OR	X\$18=		
BE	Independent	•	Minus	***	F C1 4 13 4	=	4 [X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						, [+135=		OR	+270=		
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)										_	· 		
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVA	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=] [X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		8	1 t	X40=		OR	X80=		
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		┚┞		 		1270-	 	
	lf the eater in eat	mn 1 le lece then 1	he entriv in colu	mn 2'. writ	e *O* bn co	Alumn St.	· L	+135=		OR.	+270= TOTAL		
**	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number